



SERVICE-LEARNING FINAL EXPENDITURE REPORT (FER)

Complete the Total Grant Award Per Approved Budget (A) and the Total Spending of Grant Monies for the Year (B) based on previous reports. Complete the Total Monies Received in First Payment (D) based on school records.

Complete the Total Funds Unspent by subtracting the Total Spending of Monies for the Year from The Total Grant Award ($C=A-B$).

Subtract Total Grant Monies Received in First Payment from Total Spending of Grant Monies for the Year ($D-B$). If the number is positive, place it in the Funds to be Paid column (E). If the number is negative, place it in the Funds to Returned column (F).

If your Total Spending of Grant Monies for the Year is less than the Total Grant Monies Received in your First Payment ($B < D$), you will have funds that need to be returned to the state. The column Total Grant Funds To Be Paid to District (E) will be "0." If this is the case, return funds by making a check payable to Treasurer, State of Missouri. In the memo section of your check, indicate the words "SL Grant Overpayment." Mail the check to the address at the bottom of this page.

If your Total Spending of Grant Monies for the year is more than the Total Grant Monies Received in your First Payment ($B > D$), you will be receiving a second payment. If this is the case, indicate the amount to be paid in the appropriate column (E) and a check will be issued. In this case the amount in Funds To Be Returned (F) will be "0."

Complete the Match Approved (G) and Match Generated (H) columns based on previous reports. **Match approved should be the minimum based on your grant award.**

School District: _____ Academic Year: _____

A. Total Grant Award per Approved Budget	B. Total Spending of Grant Monies for the Year	C. Total Grant Monies Remaining Unspent	D. Total Grant Monies Received in First Payment	E. Total Grant Funds to be Paid to District	F. Total Grant Funds to be Returned	G. Minimum Match to be Generated per Approved Budget	H. Total Actual Match Generated

Person Completing This Report: _____

Phone: _____

Signature of Authorized Official: _____

Date: _____

Department Use Only: Approved by: _____

Date: _____